

RSPA WAIVER REQUEST

TITLE (state applicable functional area in 6 words or less):

CLASSIFICATION AUTHORITY

1. What **internal rule, regulation, policy, procedure, process, etc.** are you requesting to be waived (cite rule and provide brief narrative):

TSC N 3500.1 - Section 6 Delegation, part b. (the last sentence in the first paragraph)
Managers and supervisors to whom this authority is delegated may not classify their own positions or the positions of their secretary.

2. What **organizational benefit** do you expect to **accomplish** through this waiver?

Allows managers to decide which skills are appropriate for secretarial support. Would like managers to have the authority to classify the position of their secretary.

3. **How long** do you want this waiver to be in effect?

Permanently

4. By submission of this form, **consultation** has been **completed** with ("x" where applicable):

() Approving Official (X) Labor Union () Legal () Other (specify): **DIVISION CHIEF**

5. **Name of Initiator** Linda Duck **Telephone No.** 494-2438

has submitted this waiver request on: 11-3-98.

6. () "Up-front" Waiver ("x" if applicable)

APPROVING OFFICIAL:

This waiver request has been ("x" where applicable and complete):

() Approved by _____ on _____

(Typed name and Title)

(X) Recommended for **disapproval** by Richard R. John, Director on 11-30-98 because:

(Typed Name and Title)

Negative impact to "...operational consistency to treat people, including DOT employees, equitably." (Per RSPA Waiver Process- see attached response and justification.)

INDEPENDENT OFFICIAL:

() Approved by _____ on _____

(Stephen D. Van Beek, Deputy Administrator)

(X) Disapproved by _____ on 12-17-98

(Stephen D. Van Beek, Deputy Administrator)